



CLAIMANT STATEMENT

Death Claim

IMPORTANT: Please read carefully the instructions at the back of this form.

1.	Claimant's name in full	First Name	Middle Name	Last Name	
	Claimant's Maiden Name (if Married Female)				
2.	Claimant Address	House No./Street/Bldg			
		Subdivision/Brgy/District			
		Town/City/Province			
3.	(a) Cellphone Number (where we will send status & updates of your claim)	(b) Your Date of Birth		(c) Your relationship to the deceased (You are the _____ of the deceased)	
		mm	dd		yyyy
4.	Policy numbers of the deceased to which you were designated as a beneficiary or as a claimant				
	Policy Number/s	Policy Number/s	Policy Number/s	Policy Number/s	
5.	Is agent on record (the agent appearing in the insurance application form) authorized to pick-up the check? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. Are you a US Citizen? If "yes" please submit a W-9 Form <input type="checkbox"/> YES <input type="checkbox"/> NO		
	If yes, a duly written authorization is required, and only to the agent on record				

The undersigned hereby makes a claim to the insurance of the deceased with **THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY** and agrees that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by the instructions hereon, shall constitute and hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or any other forms supplemental hereto, by said Company, shall not constitute nor be considered an admission by it, that there was any insurance in force on the life in question, nor a waiver of any of its rights or defense.

7.	(a) Claimant Signature	(b) Date this form was accomplished
	(c) Place of Signing	

8.	(a) Witness1 Name in print	(b) Witness1 Signature
9.	(a) Witness2 Name in print	(b) Witness2 Signature

CERTIFICATE OF AUTHORIZATION

To:	Date
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This is to authorize **THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY** and/or its duly authorized representatives to secure whatever information or records you may have regarding the illness, sickness or injury for which the deceased, _____, was treated by you. This authorization is being made in connection with a claim on the insurance policy or policies issued by the insurance company on the life of the deceased.

It is understood that any action you may take in connection with this authorization, releases you or any members of your staff from any responsibility or obligation in connection with the release of such records or information. I agree and authorize that a photocopy of this authorization shall be considered as effective and valid as the original.

10.	(a) Beneficiary-Claimant Name in print	(b) Beneficiary-Claimant Signature
11.	(a) Attending Physician Name in print	(b) Attending Physician Signature

Please provide the following required proofs of death:

1. DECEASED INFORMATION - DEATH CLAIM

- a. Only one form is to be accomplished by the beneficiary who has knowledge or information regarding the deceased and the circumstances of death.
- b. Each question must be answered truthfully and completely by writing in PRINT the needed information. Use a separate sheet if necessary.
- c. When there was an official inquiry as to the cause of death, a duly certified copy of the findings, or verdict, must be submitted.
- d. When death occurred outside the Philippines, a duly certified statement from a diplomat or consulate representative of the Philippines must be submitted.

2. CLAIMANT STATEMENT - DEATH CLAIM

- a. This form must be accomplished by the beneficiary to whom the insurance proceeds are payable. If there are more than one beneficiary, a separate form must be accomplished by each.
- b. When the named beneficiary is of legal age at the time of this claim, the form must be accomplished by such beneficiary.
- c. When the named beneficiary is a minor at the time of this claim, the form must be accomplished by his/her legal or judicial guardian.
- d. When the minor beneficiary's share is not more than P500,000.00, an Affidavit of Legal Guardianship must be submitted.
- e. When the minor beneficiary's share exceeds P500,000.00, a court-issued Judicial Bond must be submitted, in accordance with Article 225 of the Family Code of the Philippines.
- f. When the policy is assigned, the form must be accomplished by the assignee. If it is a collateral assignment, a statement showing the consideration for the same and present amount of indebtedness of the deceased under said assignment should be submitted. The original deed of assignment must be submitted.
- g. When the insurance proceeds are payable to the estate or executor or administrator of the deceased, the form must be accomplished by the executor or administrator, and a certificate of whose appointment and qualifications must be submitted.
- h. When any beneficiary is dead, a certified copy of the death certificate of such deceased beneficiary must be submitted.
- i. When the insurance proceeds, or any part of it, is payable to 'CHILDREN' or others of a class, a sworn statement must be submitted giving the names and dates of birth of each child. If any have died, the statement must give the date and place of death, and must also state whether they died unmarried, intestate, and without issue.
- j. This form must be properly dated and witnessed by two (2) competent persons of legal age.

3. CERTIFICATE OF ATTENDING PHYSICIAN - DEATH CLAIM

If applicable, this form must be accomplished by every physician who attended the deceased during his last illness. For this purpose, you may obtain as many copies of this form, as required, from any of our company's service offices.

The Company reserves the right to require or obtain further information should it deemed necessary.

The policy contract, unless already in the Company's possession, should be submitted together with the aforementioned proofs of claim and other necessary requirements.

Avoid expenses. It is not necessary to employ the services of a person, firm or corporation regarding this claim. It is our duty to expedite action on this claim and we do not charge for this service.

For any questions, you may reach us through the following channels:

Customer service hotline: (02) 528-2000

Email: philamlife@aia.com

Corporate Website: www.philamlife.com. Check out the customer service offices that is nearest your residence.

Mailing address: Claims Office, Philam Life Head Office, 16/F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

These Company forms are not for sale.